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7590

07/14/2004

ANTOINETTE KONSKI BINGHAM MCCUTCHEN, LLP THREE EMBARCADERO CENTER **SUITE 1800** SAN FRANCISCO, CA 94111



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MaryyR. Zimmerman	(Depositor's name
	(Signatore
	(Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/147,919	03/23/1999	MARY JANE CARDOSA	20239-703	2431

TITLE OF INVENTION: RECOMBINANT MVA VIRUS EXPRESSING DENGUE VIRUS ANTIGENS, AND THE USE THEREOF IN VACCINES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	KORS NO	xxxx 1,	370.00 \$300	x x x x 1670.	.00 10/14/2004
EXAM	MINER	ART UNIT	CLASS-SUBCLASS		
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Change of correspondence FR 1.363).	e address or indication of "Fed	, I	For printing on the patent front page, the names of up to 3 registered pate	Antoi	nette F. Konski
☐ Change of correspond Address form PTO/SB/I	ence address (or Change of Co 22) attached.	rrespondence or a	agents OR, alternatively, the name of a single firm (having as	Ringh	am McCutchen LLP
	ion (or "Fee Address" Indication or more recent) attached. Use	on form reg	istered attorney or agent) and the na egistered patent attorneys or agents. I ed, no name will be printed.	mes of up to	
ASSIGNEE NAME AND	RESIDENCE DATA TO BE	PRINTED ON THE PA	ATENT (print or type)	10.00	
PLEASE NOTE: Unless	an assignee is identified bel	ow, no assignce data w	will unnear on the natent. If an accid	man is identified below the	downward has been filed for.
recordation as set forth is	n 37 CFR 3.11. Completion o	this form is NOT a sub	estitute for filing an assignment.		• • •
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TRANSMITTAL **FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/147,919	
Filing Date ,	3/23/99	
First Named Inventor	Mary Jane Cardosa	
Art Unit	1648	
Examiner Name	Mosher, Mary	
Attorney Docket Number	20239-703	

ENCLOSURES (check all that apply)					
Fee Transmittal F	orm	Drawing(s)		After Allowance Communication to Group	
Fee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences	
Amendment / Rep	oly	Petition		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
After Final		Petition to Convert Provisional Applica		Proprietary Information	
Affidavits/dec	laration(s)	Power of Attorney, Change of Corresp		Status Letter	
Extension of Time Request		Terminal Disclaime	ır	Other Enclosure(s) (please identify below):	
Express Abandonment Request		☐ Request for Refund		Part B - Fee Transmittal and Return Receipt Postcard	
Information Disclosure Statement					
Certified Copy of Document(s)	Priority	Remarks			
Response to Miss incomplete Applic					
Response to Missing Parts under 37 CFR 1.52 or 1.53					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm or Individual name	Bingham McCutchen LLP Antoinette F. Konski				
Signature	Untoenite	2004			
Date	Oct. 8,	2004			
	· · · · · · · · · · · · · · · · · · ·	CERTIFICATE	OF MAILING		

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STP.E	FEE TRANSMITTAL		Complete if Known		
	FEE TRANS	WIIIAL	Application Number	09/147,919	
OCT 0 8 200		004	Filing Date	3/23/99	
OCI O TE	Ē		First Named Inventor	Mary Jane Cardosa	
۸. ا		subject to annual revision.	Examiner Name	Mosher, Mary	
FOR TRADEN	Applicant claims small entity st	tatus. See 37 CFR 1.27	Art Unit	1648	
,	TOTAL AMOUNT OF PAYMENT	(\$) 1700	Attorney Docket No.	20239-703	

ME	THOD OF DAVMENT (check all that apply)					EEE C	ALCIU ATION (continued)	
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued) 3. ADDITIONAL FEES				
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order			Large		Small E			
☑ Deposit Account:				Fee	Fee	Fee		
Deposit		1	Fee Code	(\$)	Code	(\$)	Fee Description Fee	Paid
Account	50-2518		1051	130	2051	65	Surcharge - late filing fee or oath	
Number			1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Deposit	B:		1053	130	1053	130	Non-English specification	
Account Name	Bingham McCutchen LLP		1812	2,520	1812	2,520	For filing a request for reexamination	
The Director is au	uthorized to: (check all that apply)	,	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge any add	ndicated below 🔯 Credit any overpayments ditional fee(s) during the pendency of this application	n	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
	ndicated below, except for the filing fee fied deposit account.		1251	110	2251	55	Extension for reply within first month	
to the above-identi	FEE CALCULATION		1252	420	2252	210	Extension for reply within second month	
1. BASIC.FI	LING FEE		1253	950	2253	475	Extension for reply within third month	
Large Entity S	Small Entity		1254	1,480	2254	740	Extension for reply within fourth month	
	ee Fee <u>Fee Description</u> code (\$)		1255	2,010	2255	1,005	Extension for reply within fifth month	
, , ,	001 385 Utility filing fee	7	1401	330	2401	165	Notice of Appeal	
	002 170 Design filing fee	1	1402	330	2402	165	Filing a brief in support of an appeal	
1003 530 2	003 265 Plant filing fee		1403	290	2403	145	Request for oral hearing	
	004 385 Reissue filing fee 005 80 Provisional filling fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1005 100 2	005 80 Provisional filling fee		1452	110	2452	55	Petition to revive – unavoidable	
	SUBTOTAL (1) (\$) 0		1453	1,330	2453	665	Petition to revive – unintentional	
			1501	1,330	2501	665	Utility issue fee (or reissue) 1	370
2. EXTRA CLA	IM FEES FOR UTILITY AND REISSUE		1502	480	2502	240	Design issue fee	
	Extra Fee from Fee Claims below Paid		1503	640	2503	320	Plant issue fee	
Total Claims	-20 ** = 0 X = 0		1460	130	1460	130	Petitions to the Commissioner	
Independent	-3 = 0 X = 0	7	1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
Claims Multiple		┥╽	1806	180	1806	180	Submission of Information Disclosure Stmt	
Dependent Large Entity	X = 0 Small Entity	J	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
Fee Fee Code (\$)	Fee Fee Fee Description		1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1202 18	2202 9 Claims in excess of 20		1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1201 86 1203 290	2201 43 Independent claims in excess of 3 2203 145 Multiple dependent claim, if not pa		1801	770	2801	385	Request for Continued Examination (RCE)	
1204 86	2204 43 ** Reissue independent claims ov original patent	ər	1802	900	1802	900	Request for expedited examination	
1205 18	2205 9 ** Reissue claims in excess of 20 over original patent	and					of a design application	
		ا ٦	Other fe	e (speci	fy) <u>public</u>	ation fee	e (300) and 10 copies of patent (30)	30
	SUBTOTAL (2) (\$) 0	ا ل	*Reduc	ed by B	asic Filing	Fee Pa	aid SUBTOTAL (3) (\$) 1700	
**or number previo	nusly paid, if greater; For Reissues, see above							
SUBMITTED BY							Complete (if applicable)	
Name (Print/Type)	Agroingette F. Konski Registration N			34,	202		Telephone (659) 849-4950	
Signature	/whenth //ex ps						Date (Vct. 8, 200	4

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